

Table 1
Reinsurance Quotes Received for the HFP County Buy-In Program

Hospital Services:							
Maximum Payable Per Member Per Year \$1,000,000							
Deductible Options:	\$200,000	\$175,000	150,000	\$125,000	100,000	\$75,000	\$50,000
Associated Premium Rates (Per Member Per Month):							
1. Ace American	\$1.00	\$1.21	\$1.61	\$2.27	\$3.38	\$5.24	No Quote
2. OneBeacon	No Quote	No Quote	No Quote	\$0.64	\$0.79	\$0.92	\$1.15
Physician Services:							
Maximum Payable Per Member Per Year \$250,000							
Deductible Options:	\$25,000	\$20,000	\$15,000	\$10,000			
Associated Premium Rates (Per Member Per Month):							
1. Ace American	\$0.19	\$0.25	\$0.44	\$1.00			
2. OneBeacon	\$0.20	\$0.26	\$0.30	\$0.38			

1. Insurance Carrier: Ace American/Presidio Excess Insurance Services, Inc.
2. Insurance Carrier: OneBeacon America Insurance Company
3. Assumptions: 20,000 County Buy-In enrollees
4. Reimbursement Percent = 90%

Table 2

Impact of the Reinsurance Costs to the HFP County Buy – In Program

Insurance Carrier: Ace American/Presidio Excess Insurance Services, Inc.

Hospital Services:

Deductible Options:	\$200,000	\$175,000	\$150,000	\$125,000	100,000	\$75,000	\$50,000
Associated Premium Rates (Per Member Per Month):	\$1.00	\$1.21	\$1.61	\$2.27	\$3.38	\$5.24	No Quote

Physician Services:

Deductible Options:	\$25,000	\$20,000	\$15,000	\$10,000			
Associated Premium Rates (Per Member Per Month):	\$0.19	\$0.25	\$0.44	\$1.00			

Ace American- \$1.19 - 6.24 Per Member Per Month

Insurance Carrier: OneBeacon America Insurance Company

Hospital Services:

Deductible Options:	\$200,000	\$175,000	\$150,000	\$125,000	100,000	\$75,000	\$50,000
Associated Premium Rates (Per Member Per Month):	No Quote	No Quote	No Quote	\$0.64	\$0.79	\$0.92	\$1.15

Physician Services:

Deductible Options:	\$25,000	\$20,000	\$15,000	\$10,000			
Associated Premium Rates (Per Member Per Month):	\$0.20	\$0.26	\$0.30	\$0.38			

OneBeacon- \$0.84 - 1.53 Per Member Per Month